

FILED NOV 1 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36117

STATE FILE NUMBER

4720

Registration District No. 149

Primary Registration District No. 1602

Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City Mo</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Kansas City Mo</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St Mary's Hospital</u>				Length of stay in <u>12 Days</u>			
3. NAME OF DECEASED (Type or print) <u>Mary Kathleen Sanidge</u>				4. DATE OF DEATH Month <u>10</u> Day <u>12</u> Year <u>1957</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>10-10-1957</u>	
9. AGE (In years last birthday) <u>-</u>		IF UNDER 1 YEAR Months <u>-</u> Days <u>2</u> Hours <u>-</u> Min. <u>-</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Baby</u>		100. KIND OF BUSINESS OR INDUSTRY <u>Infant</u>	
11. BIRTHPLACE (City and state or country) <u>Kansas City Mo U S A</u>				12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>			
13. FATHER'S NAME <u>Billy E Sanidge</u>				14. MOTHER'S MAIDEN NAME <u>Sheila Marie Gallagher</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>				16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>Billy E Sanidge 7613 Mayes Rd Raytown Mo</u>	
18. CAUSE OF DEATH [Enter only one cause for line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Anapoxemia (Cyanosis)</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Congenital Cardiac Defect</u> DUE TO (c) <u></u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							
INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 day</u> <u>1544</u>							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)							
20c. TIME OF INJURY Hour <u></u> Month <u></u> Day <u></u> Year <u></u> a. m. <u></u> p. m. <u></u>							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			
20f. CITY, TOWN, OR LOCATION				COUNTY STATE			
21. I attended the deceased from <u>10/11/57</u> to <u>10/12/57</u> and last saw her alive on <u>10/12/57</u> Death occurred at <u>6 25 PM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Type or title) <u>G. L. O'Connell M. D.</u>				22b. ADDRESS <u>12714 So. 71 Highway Grandview, Mo.</u>			
22c. DATE SIGNED <u>10/12/57</u>				23. NAME OF CEMETERY OR CREMATORY <u>Floral Hills</u>			
23a. LOCATION (City, town, or county) (State) <u>Jackson Co Mo</u>				24. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			
25. DATE <u>10-14-57</u>				26. FUNERAL DIRECTOR <u>Franco-Wernall Funeral Home</u>			
27. ADDRESS <u></u>				28. DATE RECD. BY LOCAL REG. <u>10-12-57</u>			
29. REGISTRAR'S SIGNATURE <u>Neva Minshall</u>				30. REGISTRAR'S SIGNATURE <u></u>			



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Russell N. Lian

Licensed Embalmer No. 42

P. O. Address K.C.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.